

Implementation of M+C Provisions in Bioterrorism Act
Questions and Answers

ACRPs

1. Q: The instructions state that CMS will not be able to review the premium and benefit data prior to the publication of the *Medicare & You* handbook. If issues are identified and result in changes to benefits and cost sharing, how can CMS prevent inaccurate data from being displayed to the public?

A: CMS is cognizant of the need to have accurate information in the *Medicare & You* Handbook, the Medicare Personal Plan Finder (MPPF), and Medicare Health Plan Compare (MHPC); however, CMS also needs to ensure that benefit plans are not discriminatory. Information in the *Medicare & You* Handbook primarily consists of broad categories that, except for monthly premium, should not be affected by CMS' cost sharing analysis. CMS is, however, adding the disclaimer "pending Federal approval" to the Handbook information. CMS is also planning on updating the MPPF and MHPC frequently to account for changes as they occur. The move of the ACRP submittal date to September 9th does present a challenge in the distribution of beneficiary information in time for the open enrollment period. However, CMS is confident that with the cooperation of the managed care industry, this can be accomplished.

Non-renewals

1. Q: The deadline to notify beneficiaries of an intention to not renew a contract or service area is still October 2. Now that the ACR deadline and the annual open enrollment period are later in the year, should the non-renewal notification date also be pushed back?

A: CFR 422.506(a)(2)(ii) requires any M+C organization that does not intend to renew their contract to provide a notice to their Medicare enrollees at least 90 days prior to the effective date of the non-renewal (i.e., October 2 for 2002). This date was not changed in the new legislation.
2. Q: The calendar indicates that M+COs must notify CMS of partial county non-renewal decisions by August 1. If an M+CO has not made a final decision by this date, will it still be possible to not renew a county after August 1 as long as the M+CO notifies CMS by September 9?

A: Yes. If an M+CO submits a partial county request by August 1 and later decides to not renew the county, the M+CO can do so by notifying CMS in writing by September 9 of this decision.

3. Q: The calendar indicates that M+COs must notify CMS by August 1 of intentions to not renew a county for individuals, but remain in that county for employer group members. If an M+CO has not made a final decision by this date, will it still be possible to not renew the county after August 1 as long as the M+CO notifies CMS by September 9?

A: Yes. An M+CO can decide to not renew a county as long as they notify CMS in writing by September 9 of this decision.

Lock-in & Annual Election Period

1. Q: Does CMS again plan to establish a Special Election Period (SEP) for the month of December?

A: We do not intend to establish a Special Election Period (SEP) for 2002 similar to the one established for December 2001. It is important to note that the Annual Election Period (AEP) runs from November 15 through December 31, 2002, during which time M+C organizations must accept all enrollments unless they have an approved capacity waiver.

PPOs

1. Q: What are the implications of this new legislation on the PPOs? Are they being held to the same revised timeline?

A: No, the revised timeline does not apply. The PPO demonstration applications are being reviewed under the initial M+C application process, which has different timeframes than the renewal process.

Marketing

1. Q: The instructions state that we should stop marketing 2002 plans on October 29, 2002. However, enrollment requests made between November 1 and November 14 will be effective December 1, 2002, and enrollment requests made from November 15 through November 30 could be effective December 1, 2002 (OEP) or January 1, 2003 (AEP). How can we be sure that beneficiaries making elections during this time frame have information about the 2002 plan?

A: As of October 29, 2002 you can no longer market your 2002 packages through public media. However, if beneficiaries (such as a beneficiary inquiring about December 1, 2002 enrollment) want information on the current year, the

organization may provide them with 2002 information along with 2003 marketing information.

2. Q: Do cost plans have to use the “pending federal approval” disclaimer, since they do not submit an ACR?

A: No, they do not.

3. Q: What are the time frames for sending the EOC and the ANOC/SB for cost plans?

A: Cost plans must send the EOC to all members by March 1, 2003 (the same date as required for M+C organizations). Cost plans must send the ANCO/SB to members by December 1, 2002.

4. Q: We just received approval of Section 3 of our SB. Does this mean that the benefits/cost sharing amounts reflected in this section are approved by CMS?

A: No. Keep in mind that with the streamlined marketing process, CMS is reviewing all *non-benefit, non-cost* sharing information in Section 3 of the SB. Therefore, if you have received approval of Section 3 of your SB, this does not indicate approval of the benefits and cost sharing amounts for your plan. Approval of benefits and cost sharing for your plans can and will only occur via the ACR approval process.